

NATIONAL HQ: Thornbury House,  
7-9 Whiteladies Road, Clifton,  
Bristol BS8 1NN

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FAX: 0117 923 9229  
CALL CENTRE: 0845 120 5305



**THORNBURY**  
Nursing Services

E-MAIL: payroll@tnsltd.com

Licensed by  
Commission for Social Care Inspection

TIME SHEET

**VAT EXEMPT**  
**NO VAT**

No. 567631

Name and Address of Client <i>Gosport was Memorial Hospital</i>		Quals. Worked	(Tick Below)	Please comment on the overall performance of this nurse during the shift Please tick (✓) Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	Client Initials at specialist	<b>Code A</b>			
Ward or Unit <i>DEADALUS ward</i>		RGN			Client Signature	<b>Code A</b>			
Name of Nurse		RSCN			PRINTED NAME	<b>Code A</b>			
TNS Nurse Number <i>T3308</i>		EMN/ENMH		If you would like us to contact you regarding the above please tick <input type="checkbox"/>	Date <i>07/06/05</i>	The work described below has been carried out to my satisfaction. Start time and finish time were as noted below.			
		E/N		Name:	Expenses				
		AUX	<input checked="" type="checkbox"/>	Contact No.:	<i>20M</i> miles				
		ON CALL		NIGHT SITTER	First part of Postcode from which journey started <i>PO5</i>				
DAY	DATE	START TIME 24hr clock	FINISH TIME 24hr clock	BREAK (MINS)	FOR OFFICE USE ONLY				PLEASE NOTE: - BREAKS Unless otherwise stated on this timesheet, for shifts up to 6 hours in length no break is deducted. For shifts of 6-6½hrs, 15 minutes. For shifts 6½-9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs in length, 1 hr. Or as agreed between Agency and Client.
					B	P1	P2	BH	
<i>Tu</i>	<i>7/6/05</i>	<i>15:00</i>	<i>20:30</i>	<i>—</i>					
NOTES					Nurses Signature <b>Code A</b>				
NURSES: All timesheets for the week ending Friday must be returned to the office by 12 noon Monday. Top 2 copies to be returned to office, leave back copy with client. Thornbury Nursing Services Ltd. Company Number 0444 2573					NMC PIN				